



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

UPDATE: Applications **WILL NOT** be accepted if your KBIC Tribal Id and all of those KBIC members living in your household do not match your physical address on your application. The Enrollment office is the Tribe's central contact office. You are required to update your Id and address with Enrollment before applying for **ANY** of the programs in the CAP office.

FY2014 CAP HOUSEHOLD APPLICATION

HEAD of HOUSEHOLD:

Last Name	First	Middle	Maiden	Soc. Sec. No.	DOB	Name of Tribe	Tribal Id No.
-----------	-------	--------	--------	---------------	-----	---------------	---------------

SPOUSE:

Last Name	First	Middle	Maiden	Soc. Sec. No.	DOB	Name of Tribe	Tribal Id No.
-----------	-------	--------	--------	---------------	-----	---------------	---------------

CONTACT INFORMATION:

Mailing Address	City	State	Zip
-----------------	------	-------	-----

Physical Address	City	State	Zip	County of Residence
------------------	------	-------	-----	---------------------

Telephone Number	Cell Phone Number	Message Number (Telephone/Cell)
------------------	-------------------	---------------------------------

Additional Household Members

Last Name	First Name	Middle Name	Soc. Sec. No.	DOB	Name of Tribe	Tribal Id No.
-----------	------------	-------------	---------------	-----	---------------	---------------

Is anyone temporarily absent from home (e.g. college, military service, etc.)? ☐ Yes ☐ No
Name of absent person? _____ Reason for absence? _____ Return Date? _____

PLEASE CHECK EACH OF THE FOLLOWING:

- ☐ I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a referral to the prosecutor for fraud, and/or recovery of any funds paid out on behalf of me, my household, or a minor in my care.
- ☐ I understand that failure to submit a completed application and all of its required documents will be considered incomplete and a determination of funding benefits will not be made on the request until all documents are received and application is filled in completely.
- ☐ A decision will be made on my application within 10 working days of my initial application request date.
- ☐ I understand that I have a right to file an appeal for denials and decisions not made in a timely manner. Hearings-Appeals procedure sheets can be obtained in the CAP office.
- ☐ I hereby authorize the Release of Information on myself or any other member in my household, in order to obtain information specific to this application and related requests.
- ☐ I have updated Tribal Ids with the Enrollment office for myself and ALL of the KBIC members living in my household.

CHECKLIST (Check off each item that you have provided):

- ☐ Current Tribal Ids for each member in the household including applicant.

Head of Household/Applicant *Signature*

Initial Request Date

Changes in Household Composition/Address/Telephone/Etc.

(Remember, you must first update your Id and address with the Enrollment office if there is a change in your address or an addition of a KBIC Tribal Member to your household).

Today's Date	Type of Change	HOH Initials

ZERO INCOME

This section must be filled out and signed by the Head of Household or person in question for all household members 18 years of age or older who have had no income in the past 30 days.

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.
Anticipated Start Date/Employer: _____

Signature
DATES:

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.
Anticipated Start Date/Employer: _____

Signature
DATES:

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.
Anticipated Start Date/Employer: _____

Signature
DATES:

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.
Anticipated Start Date/Employer: _____

Signature
DATES:

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.
Anticipated Start Date/Employer: _____

Signature
DATES:

I, _____ CERTIFY THAT I HAVE NOT
(Printed Name)

RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.

Are you currently seeking employment? [] Yes [] No
If you answered "No", why aren't you seeking employment?

Do you expect to be employed in the near future? [] Yes [] No
If you answered "Yes", fill in line below.
Anticipated Start Date/Employer: _____

Signature
DATES:



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2014 REQUEST SHEET

(Application-Eligibility-Check List)

Date of Request: _____

Head of Household's Name: _____

Requestor's Name: _____

Vendor/Company/Recipient: _____

Vendor/Company/Recipient: _____

Nature of Your request: _____

Does your household receive TANF payments from State of Michigan-DHS? Yes [] No []

If you answered "YES" you will first need to apply with DHS for assistance. Before applying for assistance with the CAP office, households receiving Temporary Assistance for Needy Families (TANF) must have a written denial from the Department of Human Services (DHS) stating that they cannot help them with their emergency or energy bill. You must then submit to our office the denial, CAP Application, Request Sheet, and other required documentation.

Are both parents of child(ren) living together in the home with the minor child(ren) in question? Yes [] No []

Does your household receive child support? Yes [] No []

If you answered "YES" you will need to submit a Court order stating the amount you receive for each child in your custody.

If you answered "NO" you will need to supply our office with written documentation from the appropriate child support agency(ies) in regards to your child(ren) for each parent involved (e.g. proof of application, court order that both parents choose not to receive child support or notarized Affidavit of same with both parents signatures, etc.).

APPLICATION CHECK LIST (Check off each item that you have provided):

☐ Completed HOUSEHOLD APPLICATION

☐ Shut-Off Notice(s)/Copy of Shut-Off Notice(s) and/or Utility Bill(s)/Copy of Utility Bill(s)

☐ Rental Lease/Proof of Residency

☐ Denial from an outside agency (e.g. State of Michigan DHS, St. Vincent de Paul, Community Action Agency, etc.)
(Emergency requests only).

☐ Past 30-Days of Income (For everyone 18 years of age or over in the household).

☐ Employment/Self-Employment

☐ Unemployment Compensation

☐ Cash Assistance (State of Michigan/TNAF)

☐ Child Support (Households with Minor Children)

☐ SSI/SSA/SSD/Social Security

☐ Retirement Benefits

☐ Rental Income

☐ Other Types of Income: _____

☐ Child Support Documents (e.g. Court Order, Written Proof of Application, Agreement, Affidavit, etc.)

[] Other Applicable Documentation: _____